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Country programme outline for Pakistan*

Proposed UNFPA assistance:	$34.9 million: $30 million from regular resources and $4.9 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2004-2008)
Cycle of assistance:	Seventh
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	25.5	4.25	29.75
Population and development strategies	3.9	0.65	4.55
Programme coordination and assistance	0.6	-	0.60
Total	30.0	4.90	34.90

* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

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I. Situation analysis

1. Estimates based on the 1998 census put Pakistan's population at 146 million, compared to 34 million in 1951. It is the world's sixth most populated country, and is growing by at least 2.16 per cent a year. Pakistan's population could reach 217 million (medium variant) by 2023. Male to female distribution is 52 to 48. Forty-three per cent of the population is below age 15. The urban population constitutes 32.5 per cent of the total population. The annual intercensal urban growth rate during the period 1981-1998 is estimated at 3.52 per cent. There are about 2 million Afghan refugees in Pakistan as well as a number of internally displaced people from Kashmir (see http://www.un.org.pk/unfpa).

2. In 2000-2001, the total fertility rate was estimated at 4.8. Despite a level of awareness of family planning of over 95 per cent and an estimated 33 per cent unmet demand for family planning, the contraceptive prevalence rate (CPR) was only 27.6 per cent in 2000-2001, compared to 18 per cent in the mid-1990s. The CPR is among the lowest in Asia.

3. In 2001, life expectancy in Pakistan was 63 years. For the period 1997-2000, the infant mortality rate was estimated at 82 per 1,000 live births. In 2000, the crude death rate was 8 per 1,000 population. This rate is expected to decline to 5 per 1,000 population in the coming decade, adding further to the dependency ratio. The maternal mortality ratio varies, with an estimated range of 300-700 deaths per 100,000 live births. Trained or skilled health care providers attend 18 per cent of deliveries. Inaccessibility to high-quality, emergency obstetric services and traditional health practices are cited as key constraints to improved maternal health.

4. The overall adult literacy rate in Pakistan is 45 per cent. The female literacy rate is 32 per cent, compared to 54 per cent for males. The enrolment of girls at primary school level increased from 10 million in 1990-1991 to 18 million in 1998-1999. In 2000-2001, female enrolment at primary, secondary and college levels was more than 60 per cent of male enrolment, compared to less than 35 per cent in 1971-1972.

5. In Pakistan, young people aged 10-24 make up more than 32 per cent of the total population. Although public reproductive health services are universally accessible, generally only married couples use them. Young people tend to use services provided through the informal sector or through non-governmental organizations (NGOs).

6. The incidence of HIV/AIDS is limited in Pakistan. From 1986 to mid-2002, there were 1,972 registered cases of HIV/AIDS; 231 of these were full-blown AIDS cases. High-risk behaviour among vulnerable groups suggests that an HIV epidemic could spread to the general population.

7. Population stabilization and reproductive health concerns are reflected in the poverty reduction strategy as well as in the Government's long-term development goals and the 2001-2011 perspective plan. The Government views investment in population and family planning programmes as part of its broad development strategy, including the need to ensure reproductive health services to all by 2015. The interim population sector perspective plan 2012 seeks to reduce the current total fertility rate of 4.3 to replacement level by 2020. In partnership with public, private and non-governmental family planning organizations, social barriers to family planning use will be removed by 2012.

8. In 2002, the common country assessment recognized the relevance of population and reproductive health issues to development in Pakistan. The United Nations Development Assistance Framework (UNDAF) reconfirmed the vital role of population, stressing the importance of achieving a population growth rate commensurate with sustainable human development. Reproductive health, with a focus on maternal health, child spacing and the prevention of sexually transmitted infections (STIs), is a key component of the national health programme framework. Beginning in 2004, the programme cycle of the proposed UNFPA country programme will be harmonized with UNDP and UNICEF.

II. Past cooperation and lessons learned

9. UNFPA assistance to Pakistan began in 1970. Until 1994, the emphasis was on family planning, population education and advocacy for population and development. The sixth country programme (2000-2003) aimed to introduce integrated reproductive health services, including family planning, in accordance with the Programme of Action of the 1994 International Conference on Population and Development (ICPD). It focused on improving services and strengthening technical and managerial capacity in reproductive health.

10. Several lessons were learned during the implementation of previous UNFPA-assisted programmes. Technical and managerial capacity in the health and population sectors, especially at the district level, needs to be strengthened, particularly in view of ongoing decentralization. Fostering a sense of community ownership and undertaking social mobilization for new and improved services are essential to programme success.

11. Reliable and comparative population and reproductive health data, particularly at the district level, are scarce. Management information systems need to be strengthened and harmonized. Population research and teaching institutes should be reinforced to train human resources in the field of population, gender and sustainable development.

III. Proposed programme

12. The goal of the proposed programme is to improve the reproductive health status of the people of Pakistan, leading towards population stabilization and sustainable human development. The proposed programme recognizes the interdependence between high-quality reproductive health services, political commitment and the integration of population dimensions into other related sectors. This lays the basis for two interrelated outcomes: one for reproductive health and the other for population and development strategies. The strategic focus will be on reducing fertility and improving maternal health.

13. Building on experiences from the sixth country programme, the proposed programme will concentrate initially on the same ten districts, expanding activities into programme interventions. This will enable the programme to improve core interventions related to management and to the provision of and demand for services.

14. The impact of Pakistan's current population size on poverty and sustainable economic growth and development requires political understanding and commitment at the national level. Advocacy will therefore focus on political, cultural and community leaders. Advocacy on gender issues will be incorporated directly in the reproductive health subprogramme in the context of reproductive rights, and indirectly through information on the benefits of educating girls. Advocacy is also required to mainstream and institutionalize gender issues into national development efforts and to accelerate the empowerment of women. A communication strategy focusing on selected groups will be developed and implemented through the Ministry of Population Welfare.

Reproductive health subprogramme

15. The outcome of this subprogramme seeks to contribute to increased utilization of high-quality reproductive health services, including family planning, for men, women and youth.

16. Output 1: Increased accessibility of high-quality reproductive health services, including family planning, for men, women and youth. Attention will be focused on providing client-sensitive, high-quality service delivery. Outputs will emphasize enhanced accessibility and availability of public, comprehensive reproductive health and family planning services. Strengthening referral systems for emergency obstetric care services in order to improve maternal health will be a priority. Strengthening the role of female primary health care providers and community midwives is a central component of the subprogramme. Mobile service units will be strengthened, especially those that service remote areas. Services will be expanded beyond family planning to cover a range of reproductive health and primary health care services.

17. The provision of services for the prevention and management of STIs, including HIV/AIDS, will be strengthened, as will the capacity of service providers to address cases of domestic and gender violence.

18. The focus will be on strengthening the supply of services and the technical, managerial and supervisory capacity to improve reproductive health and family planning delivery systems at all levels. This will also include support for establishing functional management information systems.

19. Output 2: Strengthened support and commitment for improved reproductive health behaviour of men, women and youth. Communication and counselling interventions for men, women and youth will complement service delivery efforts. Social mobilization efforts aimed at communities will also be undertaken. These efforts will include sensitizing the entire community, its political leaders (councillors and members of Parliament and provincial assemblies), religious leaders and scholars, and community leaders. Community elders, parents, service providers and clients, NGOs, community organizations and the private corporate sector may also be included, to ensure that services correspond to community needs and requirements.

20. Men will be encouraged to be responsible marriage partners and fathers. At the community level, a cadre of male grassroots workers will be introduced and provided with necessary training and supervision. Interventions will also focus on preventing STIs, including HIV/AIDS, and domestic violence. Under the decentralized, district-specific approach, the programme will rely on a network of community mechanisms to manage or influence local development efforts. Social marketing through other partners will be encouraged.

21. Increased resources for population and reproductive health are essential to sustain the programme. At the national level, the programme will refine and streamline ongoing advocacy initiatives. The programme will aim to further institutionalize advocacy activities, especially within the Ministry of Population Welfare.

22. The gender dimension will be included by incorporating the explicit needs and perceptions of men, women and youth in reproductive health, including family planning service delivery. Service providers and members of the community will be encouraged to regard access to women-friendly and family-friendly services as a reproductive right.

23. Output 3: Improved management systems and practices for service delivery. Contraceptive and drug logistics management will play a vital role. Providing steady and regular supplies, particularly to basic health units, family welfare centres and female primary health care providers, is critical. The management information systems of the population welfare and health offices will be strengthened and harmonized. Linkages will also be made with the gender management information system. The programme will support capacity-building for district teams to better integrate population and reproductive health concerns into development planning processes.

Population and development strategies subprogramme

24. The outcome of this subprogramme will contribute to enhanced, visible and continued commitment towards population and reproductive health for sustainable development.

25. Output 1: An improved multisectoral approach at the policy level. The integration of population issues into development planning and advocacy will be strengthened. Gaps in policies, including those affecting maternal and youth health, will be addressed. Efforts will be made to establish fertility reduction as a principal priority of the poverty reduction strategy. National and provincial multisectoral mechanisms will be supported to ensure that population and reproductive health issues remain at the core of social development in Pakistan.

26. Output 2: Enhanced national expertise and transfer of technology. The proposed programme will continue to build capacity in population studies

and research. This will include monitoring ICPD goals; analysing and utilizing 1998 census data; and building capacity for the next census. National institutions, such as the National Institute of Population Studies, will receive attention. Work on the next census will begin towards the end of the proposed programme cycle. At the federal, provincial and district levels, population programme managers will monitor demographic parameters. The programme will strengthen the capacity to collect, analyse and integrate population data in planning and programming.

27. The programme also envisages support for the establishment of a multidisciplinary academic centre in one of Pakistan's foremost universities. The focus would be on academic and operational research as well as on policy dialogue. This would contribute in the long term to the establishment of a postgraduate degree programme in population studies.

28. UNFPA will seek to achieve strengthened federal, provincial and district capacity in the formulation and implementation of gender-sensitive population and development policies by upgrading the skills of the professional staff of sectoral ministries, departments and offices. Building the capacity to integrate population and gender factors into development planning will be a priority.

29. Output 3: Strengthened national advocacy campaigns on population and development issues. Advocacy strategies will target policy planners and decision makers at all levels, improving their understanding of and support for major population and sustainable development issues. The capacity of the Ministry of Population Welfare will be further strengthened to assume the lead advocacy role.

IV. Programme management, monitoring and evaluation

30. Consistent with the UNDAF, the proposed programme will enhance partnerships with other United Nations agencies and promote government ownership of UNFPA-supported activities. The programme will be primarily nationally executed. UNFPA execution will include the procurement of commodities and equipment, and national capacity-building activities. Initially, UNFPA execution will be greater at the district level, through financial and programme management support. The implementation roles of various partners will be determined at the project formulation stage. Most of the planning, monitoring and implementation of reproductive health and population programme activities will be undertaken at the district level. Selected NGOs and community-based organizations will provide additional support at the district level. Multisectoral monitoring and steering mechanisms at federal and provincial levels will be established.

31. To enhance implementation and management capacity, especially at the district level, the programme will explore innovative management and accounting mechanisms.

32. The UNFPA country office in Pakistan consists of a Representative, a Deputy Representative, an Assistant Representative and support staff. An operations manager will be added in 2003. National project personnel will provide technical support and backstopping. Provincial support teams, consisting of an officer, an administrative assistant and a driver, were established in early 2002.

33. Knowledge and data collected will be shared nationally. The intranet system developed under the sixth country programme will be expanded and made accessible to those working in the field of population and reproductive health in Pakistan. Monitoring and data collection will be continuous and systematic. Information regarding best practices and lessons learned will be accessible nationwide.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR PAKISTAN

UNDAF area of cooperation I: population
Outcome: population growth commensurate with sustainable human development
UNDAF area of cooperation III: improving reproductive health, especially with a focus on safe motherhood, child spacing and the prevention of reproductive tract infections and sexually transmitted diseases
Outcome: (a) improved neonatal outcomes of pregnancy and delivery; and (b) lower fertility and population growth

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
Improved reproductive health status of the people of Pakistan, leading towards population stabilization and sustainable human development Indicators • Total fertility rate • Maternal mortality ratio	*[Reproductive health subprogramme]* Increased utilization of high-quality reproductive health services, including family planning, for men, women and youth	• Contraceptive prevalence rate increased by 10 percentage points from baseline in the target districts • Increase in percentage of referred reproductive health and family planning cases by primary health care workers • Pregnancy fatality rate • Number of Caesarean sections • Attendance rates of reproductive health and family planning services increased by 50%, disaggregated by age and sex • Number of referred complicated obstetric cases increased by 50% • Increase in percentage of men adopting healthy reproductive health behaviour and supporting their wives' birth spacing choices • Increase in percentage of couples jointly deciding reproductive health and family planning issues • Number of pregnant women having antenatal care (WHO definition) increased by 50% • Number of deliveries by skilled birth attendants increased by 50%	**Output 1: Increased accessibility of high-quality reproductive health services, including family planning, for men, women and youth** Output indicators • Percentage of service delivery points using the STI syndromic approach • Percentage of stockouts of reproductive health commodities • Number of comprehensive obstetric care facilities per 50,000 population • Percentage of health service units providing family planning services • Number of staff trained in gender-sensitive reproductive health issues, including counselling • Number of family-friendly facilities • Percentage of men in the community accessing reproductive health services, including family planning • Written protocols for maternal and child health, family planning, STIs and primary health care available and adhered to by staff of service delivery points **Output 2: Strengthened support and commitment for improved reproductive health behaviour of men, women, and youth** Output indicators • Percentage of men, women and youth supportive of reproductive health care services • Increased knowledge at the community level among men, women and youth about reproductive health issues, needs and requirements • Number of NGOs and community-based organizations participating in and supporting reproductive health and family planning services • Number of parastatal companies implementing reproductive health and family planning comprehensive services • Number of trained and skilled behaviour change communication experts and social mobilizers	$21.7 million ($18.6 million from regular resources and $3.1 million from other resources) $3.5 million ($3 million from regular and $0.5 million from other resources)

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
			Output 3: Improved management systems and practices for service delivery Output indicators • Number of district management teams trained in managerial techniques and social mobilization • Number of management tools developed and utilized at federal, provincial and district levels • Number of staff trained in supportive supervision • Number of standard operating procedures implemented and monitored	$4.55 million ($3.9 million from regular resources and $0.65 million from other resources)
	[Population and development strategies subprogramme] Enhanced, visible and continued commitment towards population and reproductive health for sustainable development	• Comprehensive policy framework for reproductive heath and population issues established • Percentage of national budget allocated and spent on reproductive health and population • Annual budget allocation to social sectors (health, education, population and women's development) • Population, reproductive health and family planning issues reflected in development programmes of relevant sectors	**Output 1: An improved multisectoral approach at the policy level** Output indicators • Number of meetings of national and provincial coordination bodies • Published and enforced policies • References in legislative assemblies, the Government and the media **Output 2: Enhanced national expertise and transfer of technology** Output indicators • Number of operational research studies on population and development • Number of students attending training on population and development • Number of institutes offering courses on gender in population and development • Number of professional staff of planning units in the social and financial sectors knowledgeable about population and development • Number of publications and research in reproductive health and population issues per year • Number of students admitted to courses on population and development **Output 3: Strengthened national advocacy campaigns on population and development issues** Output indicators • Number of people in the media knowledgeable about reproductive health and family planning issues • Number of public events promoting reproductive health and family planning issues • Number of media programmes, publications and articles that accurately and sensitively reflect reproductive health and family planning issues	$1.05 million ($0.9 million from regular resources and $0.15 million from other resources) $2.45 million ($2.1 million from regular resources and $0.35 from other resources) $1.05 million ($0.9 million from regular resources and $0.15 from other resources) Total for programme coordination and assistance: $0.6 million from regular resources